
Page 1

Accept

Setup Start

Stop

Abstract

[illegible]**Cust Item ID:**

Customer:

Run Start

Abstract

Date: 11-01-11

Tooling:

Date:

Stop




1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

QC: _____

Date:

SPC (Y/N):

Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3913	A								
100		0.00							
									
Large Fab	Memo	0.00		SAD			3		
Large Fab	1- Cut tube as per dwg D3913 2- remove identification marks and deburr			11-01-13					
110	QC6- Inspect dimensions to drawing	0.00							
									
QC	Memo	0.00		Sub 13			3		
Quality Control									
120	Identify as per dwg & Stock Location: <u>WA</u>	0.00							
									
Packaging	Memo	0.00		SAD			3		
Packaging				11-01-14					

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 65315

Tuesday, January 11, 2011 10:27:56 AM



Page 2

Item ID: D3913-9

Accept



Setup Start



Revision ID:

Stop



Item Name: Hinge Rib

Start Date: 1/12/2011 Start Qty: 3.00



Cust Item ID:

Required Date: 1/17/2011 Req'd Qty: 3.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

11/01/17

U 11.01.14

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Tuesday, January 11, 2011 10:27:55 AM

Page 1

Work Order ID: 65315



Parent Item: D3913-9



Parent Item Name: Hinge Rib



Start Date: 1/12/2011

Required Date: 1/17/2011

Start Qty: 3.00

Required Qty: 3.00

Comments: IPP Rev:A new issue DD 10.03.19 verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304TS0.750W.049		Purchased	No			100	f	307.8119	7.875	24.86842			
										<u>SAD 11-01-11</u>			
304 SQ Tube .75x.75x.049W													

Location	Loc Qty	Loc Code
MAT	255.9156679	
113763	0	
114323	8.15031894	
114677	0.00001	
114835	0.000039	
116319	127.7653	
116509	120	
MAT017	3.68448E-05	
114298	3.6845E-05	
WA	51.8962	
114992	18.6511	
115260	33.2451	

24.86842

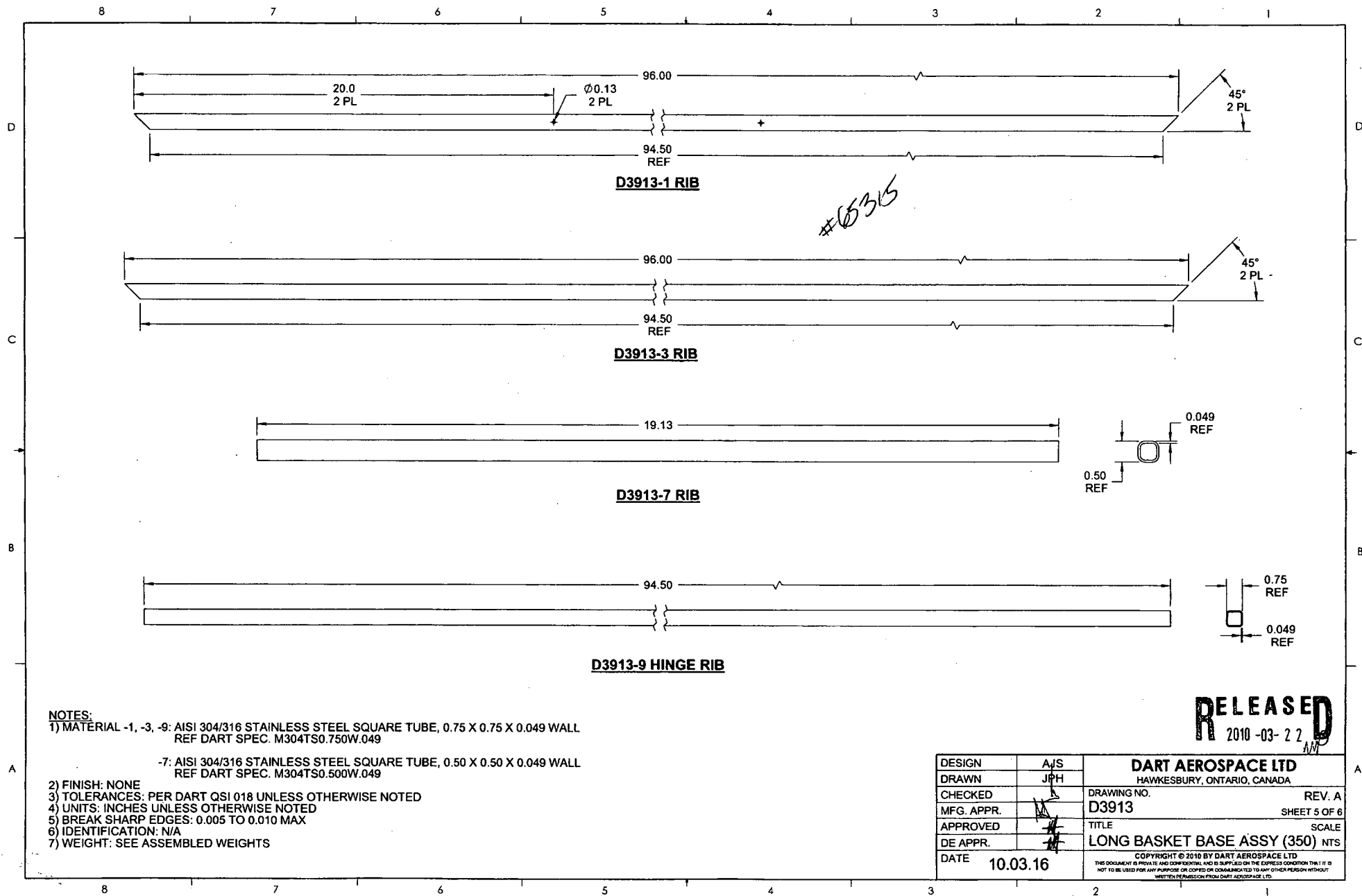
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



NOTES:

1) MATERIAL -1, -3, -9: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.049 WALL
REF DART SPEC. M304TS0.750W.049

-7: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.50 X 0.50 X 0.049 WALL
REF DART SPEC. M304TS0.500W.049

2) FINISH: NONE

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: N/A

7) WEIGHT: SEE ASSEMBLED WEIGHTS

RELEASED
2010-03-22

DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	JPH		
CHECKED		DRAWING NO. D3913	REV. A
MFG. APPR.			SHEET 5 OF 6
APPROVED		TITLE	SCALE
DE APPR.		LONG BASKET BASE ASSY (350)	NTS
DATE	10.03.16	COPYRIGHT © 2010 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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NOTE: Date & initial all entries